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Held at Headquarters, New York,
on Wednesday, 13 July 1994, at 3 p.m.

President : Mr. TEJERA PARIS (Venezuela)
(Vice-President)

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Coordination segment

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In the absence of the President, Mr. Tejera Paris (Venezuela), Vice-President, took the chair.

COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEME: (continued) (A/49/204-E/1994/90 and A/49/205-E/1994/91)

(c) IMPLEMENTATION OF THE AGREED CONCLUSIONS OF THE 1993 COORDINATION SEGMENT OF THE COUNCIL RELATING TO (i) THE COORDINATION OF HUMANITARIAN ASSISTANCE: EMERGENCY RELIEF AND THE CONTINUUM TO REHABILITATION AND DEVELOPMENT AND (ii) COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM IN THE FIELDS OF PREVENTIVE ACTION AND INTENSIFICATION OF THE STRUGGLE AGAINST MALARIA AND DIARRHOEAL DISEASES, IN PARTICULAR CHOLERA (continued) (A/49/177-E/1994/80 and E/1994/60)

Mr. WEBER (Secretary-General, International Federation of Red Cross and Red Crescent Societies) said that the International Federation of Red Cross and Red Crescent Societies had been working actively with the Department of Humanitarian Affairs since its establishment, particularly through its participation in the Inter-Agency Standing Committee. The International Federation had been encouraged by the Department's progress and hoped that it would continue. Prior to the next session of the Economic and Social Council - and preferably sooner - the International Federation would be expecting much more tangible returns, in terms both of the number of people that it would be able to help effectively and of the extent to which it would be able to improve its international relief operations.

There seemed to be much more concentration on coordination and leadership at the upper than at the lower end of the relief system. In order to carry out its higher-level functions, the Department of Humanitarian Affairs should be directly involved in field-level coordination and information-gathering during disasters. A better balance of efforts between field coordination and high-level coordination must be addressed.

One reason for the current crisis of disaster relief assistance had been the failure to encourage disaster-preparedness and community development, the first of which should be included in every consolidated appeal. In some cases, there was a need to remove the lingering hazards inherited from conflict situations. For example, the continued existence of 100 million anti-personnel mines throughout the world constituted a serious obstacle to development and also infringed on many other human rights. While the Federation and other agencies, working directly with those maimed by mines, could help alleviate the resulting suffering through partnership programmes

(Mr. Weber)

with local relief and welfare organizations, it was up to Governments to prevent the continued manufacture and use of mines and to appropriate resources for de-mining research and technologies.

The Red Cross and Red Crescent Societies and national and international non-governmental organizations were under increasing pressure to act as the agents of donor policy, to shoulder the resources burden which should be borne by Governments or arranged through the private sector, or to employ expatriate staff from their home countries when local expertise already existed in the disaster-affected countries. The immediacy of disaster relief often led non-governmental organizations unwittingly to put pressure on themselves, which led to shortsighted and inappropriate work such as programmes which relied on foreign imports or expertise, projects which paid little attention to local custom and culture and activities which accepted the easy and high-media-profile tasks of relief but left for others the less appealing and more difficult tasks of disaster preparedness and long-term rehabilitation.

Recognizing the need to resist those pressures and to set basic standards of professionalism, eight of the world's oldest and largest disaster relief organizations, including the Federation, had prepared a voluntary Code of Conduct to govern international disaster assistance which was applicable to any organization. Copies of the Code were available to Council members.

Mr. HANSEN (Under-Secretary-General for Humanitarian Affairs), replying to questions raised at the preceding meeting regarding arrangements for coordination in the field, said that the Department of Humanitarian Affairs expected to be able to provide the desired information before the forty-ninth session of the General Assembly. It was essential to assign the most qualified personnel to the field and at the same time to retain the simplicity of the field structure, ensuring that the objectives of the resident coordinator system were respected and that that system functioned to its fullest potential in matters relating to the coordination of humanitarian aid in complex emergencies.

As to the points which had been raised concerning resources and, in particular, the Secretary-General's proposal to enlarge the Central Emergency Revolving Fund, he pointed out that in fact the desired consultations had already begun. He had sent a letter in March 1994 to donors and potential donors seeking their reaction to his proposal. The consultations would continue, and their outcome would be reported in time for consideration of the matter at the forty-ninth session of the General Assembly.

(Mr. Hansen)

It had been suggested that the consolidated appeals process should proceed more rapidly, with greater prioritization and more specific project descriptions. However, if consolidated appeals were very detailed and took longer to prepare, it would also take longer for Governments to respond to them for the operational agencies to respond to requests for reimbursement. If the Fund were larger and agencies could begin their operations earlier, there would be more time for the consolidated appeals process. However, flash appeals issued without adequate assessments would increase the need for resources from the Fund. It was disappointing that the Fund's resources had declined, particularly in view of the likelihood that new requests would be forthcoming. However, measures had been instituted to speed reimbursement by requesting partial reimbursement to keep the fund afloat.

His Department planned to provide further details concerning its natural disaster response activities during the discussion of the International Decade for Natural Disaster Reduction. The Department had in fact strengthened its capability to respond to such crises. The success of its investment in natural disaster preparedness was demonstrated, for example, by the fact that the 1994 cyclone in Bangladesh had caused substantially fewer casualties than the 1992 cyclone in that same country. A 24-hour disaster watch operations room had been established in Geneva, and the Department had intensified its collaboration with countries with applicable military and civil defence assets. The Department was considering how it might enhance its use of detailed personnel and other assets needed to confront natural disasters. The fact that natural disasters had claimed some 30 million lives and turned some 1 billion people into displaced persons during the past three decades underscored the relevance of the Department's preparedness and response capacities.

He cautioned against oversimplifying the question of the transition from relief to development, and emphasized that it must be developed in a conceptually sophisticated and practical manner. The Department would continue to relate its relief operations to the longer-term goals of sustainable development.

With regard to the questions concerning demobilization, one reason why there had been renewed fighting in Angola, with terrible consequences for the civilian population, had been that the demobilization process had not worked as it should have. His Department was endeavouring to ensure that the process was more successful in Mozambique and elsewhere by examining all conceptual

(Mr. Hansen)

and operational issues with a number of United Nations agencies and by developing a methodology for identifying the relevant issues and ensuring that the many actors worked together.

The Department cooperated closely with the relevant agencies in matters relating to de-mining, in particular, mine-awareness training, mine surveying and mine detection and removal. Here again, careful coordination was essential among the many actors responsible for mine clearance.

Turning to the Department's secondment procedures, he was pleased to report that several agencies had provided a good number of well-qualified staff for the Department's Headquarters and field operations. United Nations humanitarian teams were composite teams of the system as a whole. More resources and greater automaticity with respect to secondment would be useful.

He did not agree with the perception that the Department appeared to place greater emphasis on its Headquarters activities. On the contrary, it emphasized its field operations. The final measure of the success of any of its undertakings was what happened in the field. The consolidated appeals process was field-driven. He expected to be able to provide details on humanitarian relief efforts in Rwanda by the end of the following week.

Mr. HAMMARSKJÖLD (Sweden) said that it was important to have in place a smooth, straightforward and prompt decision-making process when a rapid coordinated response was needed. He wished to know how the decision-making process worked in the Inter-Agency Standing Committee (IASC) with respect to the situations in Angola and Rwanda and whether IASC also might play a role in ensuring early agreement on the division of labour in complex emergencies.

Mr. HANSEN (Under-Secretary-General for Humanitarian Affairs) said that IASC was composed of the heads of the member agencies, and it was not easy to get them to meet frequently on short notice. The Committee had held two sessions during the past four months. However, the high-level IASC Working Group was in a position to meet on short notice, and dealt with issues on a day-to-day basis.

At the time the crisis in Rwanda had been deteriorating, IASC had met both formally and informally to designate the Humanitarian Coordinator. IASC reached decisions speedily through consultations, and without voting. The Committee could prove its worth only to the extent that it was perceived by its member agencies and organizations as enhancing their capacity to act.

(Mr. Hansen)

Agreements had been reached on the definition of the humanitarian mandate and on operational guidelines to assist personnel in the field. The response of IASC to specific country crises had been highly satisfactory.

IASC definitely had a role to play in systematically identifying gaps and ensuring the proper division of labour among aid-providing agencies and organizations. As an example, at its most recent session it had developed a matrix for identifying the differing situations in different parts of Rwanda and matching that matrix with the necessary resources and capacities to meet the needs of the targeted beneficiaries.

Ms. KONE (Norway) asked when IASC could be expected to present its decisions on arrangements for improving the delivery of humanitarian assistance, in particular with reference to de-mining and internally displaced persons.

Mr. HANSEN (Under-Secretary-General for Humanitarian Affairs) said that he could not indicate specific target dates for decisions on de-mining activities. Inasmuch as there were some 100 million land mines in some 60 countries, the question of de-mining would remain a continuing task for IASC into the twenty-first century.

On the question of internally displaced persons, the Committee was working with the Representative of the Secretary-General on internally displaced persons, and a report on the question should be ready before the end of 1994.

The Office of the United Nations High Commissioner for Refugees (UNHCR) had coordinated the follow-up activity needed on certain details of the definition reached in IASC of the humanitarian mandate in conflict situations. It was important to remember that the approach to humanitarian assistance must be adjusted as each situation requiring such aid evolved.

Mr. BAILLARGEON (Canada) reiterated the proposal he had made at the preceding meeting to the effect that the Council should hold a resumed session just before the matter under discussion came up for consideration at the forty-ninth session of the General Assembly. It was imperative, pursuant to General Assembly resolution 48/57, that IASC forward specific recommendations to the Council at its current substantive session on means and guidelines for rapid response coordination and regarding the size and use of CERF.

Mr. HANSEN (Under-Secretary-General for Humanitarian Affairs) said that, in the light of the consultations under way in IASC and between UNDP and his Department, the desired recommendations would be ready in time for such a resumed session.

Elaborating further on the important elements of a rapid response capacity, he pointed out that interest earned from CERF could be used to finance the immediate dispatch of teams to set up the infrastructure required to assist a country facing a complex emergency. That mechanism had been used for the first time in Rwanda. Before the terrible dimensions of the crisis in that country had become fully apparent, an advance humanitarian team had been dispatched there, facilitating the response of the system to the emergency. He provided some details concerning the evolving situation in Rwanda, including efforts to cope with the massive flow of refugees towards Goma, Zaire, and emphasized that even though it was not possible to meet all of the enormous needs of the victims of the Rwanda crisis, the situation would be far worse had the operational agencies and non-governmental organizations in the region been unable to respond as rapidly as they had.

Mr. GORELIK (Russian Federation) said that section III of document E/1994/80 had been of particular interest to his delegation. The difficulty of carrying out a humanitarian mandate in the face of serious conflicts was the most serious challenge to humanitarian organizations. Problems such as access to aid and deactivation of land mines were not the province of any one organization. He wondered whether the Under-Secretary-General for Humanitarian Affairs felt that it was worthwhile to examine how the United Nations system approached the rehabilitation of countries that had suffered from emergency situations.

Mr. HANSEN (Under-Secretary-General for Humanitarian Affairs) said that the meeting schedule of the Economic and Social Council did not permit its involvement in coordination of specific tasks as they were conducted; crisis action must be more rapid. At future sessions the Council might, however, focus on the lessons learned from past crises in order to prepare for future ones. In its coming reorganization, his Department planned to set up a unit for that purpose; i.e., to learn from crises and to share the knowledge gained with other actors central to the task of rehabilitation.

Dr. HENDERSON (World Health Organization) said that the problems illustrated by malaria and diarrhoeal diseases were multisectoral and required multisectoral responses. Those diseases accounted for some 4 million deaths and several million cases each year, and were particularly prevalent in developing countries among men and women of the work force, pregnant women, infants and children. In its 1993 meeting, the Economic and Social Council had emphasized that the most important focus of coordination in that area was at the country level. The report under consideration, document E/1994/60, was a response to those discussions.

The report stated that it had not been possible to specify goals, work plans, time-frames and resource needs for achieving the recommendations of the Council. It was expected that multisectoral plans would feature increasingly national control programmes for malaria and diarrhoeal diseases because of new United Nations initiatives, including the Country Strategy Notes.

At the global level, a number of collaborative activities were being pursued. WHO had worked to produce global action plans for the prevention and control of malaria and diarrhoeal diseases, providing a common base for technical understanding to facilitate national plans of action and the support of outside partners.

Specific activities were most successful in the presence of an ethic of coordination shared by all development partners. Coordination must be continuously monitored at all levels of the United Nations system and must be supported by countries.

The report stressed the importance of reinforcing consensus by limiting the number of issues on which it was sought, and of ensuring that priorities and goals evolved along with world capacities. Additional resources were needed and must not be compromised by emergency and humanitarian needs.

Mr. MONGBE (Benin) agreed with the representative of WHO that there was reason for disappointment. The statements in paragraphs 71-74 of document E/1994/60, to the effect that it was difficult to achieve results in the fight against malaria and diarrhoeal diseases, tended to trivialize the problem. The discussions in Geneva had called for a report specifying goals, work-plans, time-frames and resource needs for achieving them. The summary on the first page of document E/1994/60 gave the impression that those things had been done, but that was not the case, as could clearly be seen under section II, "Problems of implementation". All concerned organizations should reflect on whether that meant that the problem was insoluble and that the Economic

(Mr. Mongbe, Benin)

and Social Council should stop studying the question. He believed that the problem of malaria and diarrhoeal diseases was as important as that of AIDS, or even more so, since those diseases claimed more victims per year. But because only poor countries suffered from those diseases, they were given less attention than AIDS. The problem of malaria and diarrhoeal diseases must remain on the agenda of the Economic and Social Council until a solution was found.

He was astonished that some parts of the conclusions and recommendations of the substantive session of the 1993 Economic and Social Council had not been adequately covered in the report under consideration. It as essential, for example, to know whether the new malaria candidate vaccine would be effective against all four malaria-related bacteria or, if not, what progress had been made in the production of other vaccines. It was also important to know whether the vaccine would be made available free of charge, or at a low cost, so that it could be used in developing countries. Those questions were not discussed in the report, which focused primarily on the past. A disease which claimed 4 million victims a year deserved more serious treatment.

Mr. HENZE (Germany), speaking on behalf of the European Union, said that improvements in the coordination of the activities of the United Nations system in the field of malaria and diarrhoeal diseases could build on the Global Malaria Control Strategy endorsed at the Ministerial Conference on Malaria held in Amsterdam in 1992. United Nations agencies and bilateral donors should support national capacity-building in the areas of hygiene and education and try to involve the private sector in the prevention of malaria and diarrhoea. Furthermore, primary health issues needed to be better integrated into sustainable development policies and reflected in new projects.

Coordination efforts must be focused at the local level in order to enhance the effectiveness of intervention against those diseases. Coordination at the country level was the most important challenge. As the strengthening of national capacity should constitute the focal point for action against malaria and diarrhoeal diseases, it should be a priority of both the countries and the United Nations agencies concerned. The role of the UNDP Resident Representative was important in that regard. Capacity-building, better coordination and integration at the country level would facilitate the formulation and implementation of medium- and long-term policies to prevent

(Mr. Henze, Germany)

and manage malaria and diarrhoea. The European Union would continue to support such policies. Its activities included the improvement of the rural and urban environment, support for regional cooperation aimed at achieving regional coordination and training and support for basic research in relation to malaria.

The Council's conclusion in 1993 on the coordination of the United Nations system's efforts to combat malaria and diarrhoea should have been more precise in order to underline more fully the coordinating role of the Council, but nevertheless represented a broad consensus that a more multisectoral and integrated approach could have a considerable beneficial impact on an area of fundamental importance to human development.

Mr. MANCZYK (Poland) said that the report had been useful, but overly descriptive; there was not enough information to permit the Economic and Social Council to give clear policy guidance. The report also showed that greater coordination at the field level was required. Because of the many factors that combined to cause malaria, potential prevention measures must exceed the strict technological context and would require inter-agency cooperation. Greater responsibility for coordination should be given to WHO, which had the technical expertise required for preventive action on a global scale, and might enact a global plan of action in collaboration with other interested agencies. Since that plan would be a long-term initiative, it could include specific targets and objectives.

Mr. BIVERO (Venezuela) said that some persistent problems remained to be overcome. There had been some progress in diagnosing the problem of inter-agency coordination, and that success must serve as an example to other areas of the system. It was difficult to make progress on the intersectoral level, and there was a tendency to divert funds to other issues that arose on the international scene. The focal point of efforts must be at the national level, and it was at that level that agencies could be best assisted in the task of coordination. Continued success in that area depended not only on the availability of international funds, but also on national willingness to assign funds to those priorities.

Mr. HAMAD (United Nations Educational, Scientific and Cultural Organization) said that UNESCO had worked closely with WHO on the report. In January 1994, UNESCO and WHO had convened an expert meeting in Paris on the problem of combating malaria, at which it had been agreed that the problem must be situated in a holistic framework that examined the relationship among

(Mr. Hamad)

humans, parasites, vectors and the environment, and UNESCO had agreed to sponsor short-term fellowships for nationals involved in malaria research and control in order to strengthen country-level capacity-building, especially in Africa.

The education of girls and women was of particular importance. UNESCO and WHO had prepared a joint project aimed at involving educational personnel in malaria prevention and control, with emphasis on local-level development.

At its 1993 session, the Economic and Social Council had called attention to strategies for the development of human resources, and UNESCO was pleased to cooperated with WHO, the Food and Agriculture Organization of the United Nations (FAO), and other partners to strengthen national capacities in that regard.

In the eastern Mediterranean region, UNESCO, the United Nations Children's Fund (UNICEF) and WHO, in collaboration with the Islamic Educational, Scientific and Cultural Organization, had helped to produce an action-oriented school health curriculum.

Dr. HENDERSON (World Health Organization) said that he understood the concern of the representative of Benin, but that malaria and diarrhoeal diseases represented a deep-seated problem for development aid. The diseases were symptoms which reflected the inadequacy of investment in social sectors. In both industrial and developing countries, investments were being made in the area of high technology at the expense of rural areas. The problem would ultimately be solved by action, not by speeches.

He had found it difficult to respond to the request made at the substantive session of the 1993 Economic and Social Council regarding specific goals, time-frames and resource needs for the fight against malaria and diarrhoeal diseases. WHO had already provided that information in response to the 1992 Amsterdam International Conference on Malaria, but he had felt that the Economic and Social Council was seeking a multisectoral partnership discussion of what was required. Such a response could not be written from Geneva or New York, and the United Nations had not yet perfected its multisectoral system. He agreed that the report's response was unsatisfactory, but he had been unable simply to invent what did not exist.

With regard to the possibility of a vaccine, he wished that a magic bullet were available so that there would be no need to seek solutions in fields such as education and sanitation, but he cautioned against false hope.

(Dr. Henderson)

Nevertheless, some progress had taken place. A vaccine was indeed being developed for one form of malaria. The duration of immunity which it might provide was not yet known. There were indications of antibody response to the vaccine, but it was unknown whether those antibodies would actually protect against malaria. Multicentre trials were underway, but he could not as yet speak to the question of potential uses of the vaccine.

With regard to commercialization, since the vaccine used simple protein molecules it could, if effective, be provided at a cost of perhaps 10 cents per dose. But it was only one vaccine and other, more complex vaccines might be needed. Many agencies were engaged in an initiative to make all vaccines available cheaply in developing countries and to narrow the gap between development to actual use.

Mr. MONGBE (Benin) said that the representative of WHO had referred to the problems of financing research on programmes to combat malaria. However, the investment that was being made was mainly in research on AIDS, which killed far fewer people.

In 1993 there had been reports that a new vaccine against cholera and diarrhoeal diseases was being developed at the University of Maryland, since then, no information had been available; he hoped that WHO was working to make that vaccine accessible and usable. There could not be silence on a vaccine which could potentially save millions of lives.

The common element in prevention of malaria and diarrhoeal disease was water; the agencies should report on what they were doing to sanitize the environment that was causing malaria and diarrhoeal diseases.

Comments had been made about the organization and coordination of work in combating malaria and diarrhoeal diseases; the main objective, however, was to eliminate those diseases; quarrels between specialized agencies were of no concern when people were dying.

Mr. MALLYA (United Republic of Tanzania) said that malaria and diarrhoeal diseases were hazards which were directly related to the level of development. Governments did not have the resources to invest in prevention and treatment, and must be given support. It seemed that a malaria vaccine was being developed because malaria had affected troops from rich countries rather than because the local population needed help. There was a correlation between the direction of research and the availability of resources. Malaria and diarrhoeal diseases were easy to control once the standard of living rose, but could easily return if it declined again; another instance of that

(Mr. Mallya, Tanzania)

phenomenon was tuberculosis, which was recurring among marginalized populations in industrialized countries.

He requested the support of WHO in the preparation of country strategy notes; national capacity was low and much more coordination was needed in controlling malaria and diarrhoeal diseases.

Mr. MOHAMED (Observer for Sudan) said that malaria was of great concern to Sudan and had become epidemic in the whole region; it killed many more people than AIDS and was a threat to millions of people.

He asked what kind of report could be expected at the Council's next session. Specific country cases should be described so as to give an idea of what was being done.

Mr. JARAMILLO (Colombia) said that he shared the frustration expressed by the representative of Benin; he felt that the reason that malaria persisted was that it was a disease of the third world. Despite resource constraints, Colombia had devoted a great deal of money to the development of the SPF-66 vaccine. However, it felt that since the technology had been developed in the South, rather than in the North, it was not being given the appropriate level of support. He asked whether the problem in the development of the vaccine was a problem of time or money. If the problem was one of money, the international community should be made aware of the efforts that were being made to put the vaccine at the service of humanity.

Mr. OJIMBA (Nigeria) said that his delegation had little to add to what had been said by the representative of Benin. It found the report lacking in detail and focus; nothing was said about what had been achieved. Paragraph 74 indicated that the work of coordination remained difficult; he asked what the difficulties were.

Dr. HENDERSON (World Health Organization) said that on the question of why there was so much investment in AIDS and so little in malaria, AIDS was of great concern to industrialized as well as developing countries. There was clearly an element of self-interest. At the same time, developing countries, looking to the future, could see no end to the AIDS epidemic, while there were hopes for controlling malaria more easily.

On the question of the cholera vaccine, all new vaccines started out as exciting announcements in the press but then had to undergo a long process of checking and field trials. While the new cholera vaccine was being developed, a new strain of cholera had emerged for which there was no cross-immunity, so that the new vaccine would have to incorporate that strain, which was

(Dr. Henderson)

prevalent in India and Bangladesh. Basic investments were needed in infrastructure to control cholera; however, cholera was not a killer disease; other types of diarrhoeal diseases were killing thousands of children under the age of five.

On the question of what other organizations were doing, he said that it was not simply because the Council had drawn attention to malaria and diarrhoeal diseases that they were working in those areas. Malaria and diarrhoeal disease control had long been objectives of UNDP, UNICEF and UNESCO; the Council's recommendations had been useful in promoting further coordination. However, those recommendations had not brought in any additional resources. The bulk of resources were going to bilateral development agencies; if they could devote a greater portion of their resources to development sectors, that would yield new resources.

The SPF-66 was a vaccine that was being developed for the needs of developing countries. On the question of whether the problem was one of time or money, he said that when clinical trials and studies on the public health impact were completed, it would be possible to determine what resources were needed.

The difficulties of coordination had already been described by many speakers from the podium. That difficulty was not confined to the issue of malaria and diarrhoeal diseases, it was one of the reasons that the Council had devoted a number of meetings to coordination.

Mr. CAMARA (Food and Agriculture Organization of the United Nations) said that malaria and diarrhoeal disease control were important aspects of all FAO projects. In recent months, FAO had been developing a policy dealing with water-related health issues and was also working on codes of hygienic practice and food standards.

In January 1994, FAO had organized a training course in food microbiology for the English-speaking Caribbean countries in Trinidad and Tobago; in Belize, it was assisting the Government in its efforts to control cholera and carry out street food inspections; in May 1994, it had organized a workshop in Uruguay on street food inspections; a plan of action had been drawn up with the Ministry of Land, Agriculture and Water of Zimbabwe. In the United Republic of Tanzania, institutional support had been given to the Ministry of Agriculture. In its field work, FAO was making efforts to control vector-borne diseases in all projects. At the political level, efforts to control vector-borne disease were being included in all programmes of action.

Mr. KHAN (Department of Policy Coordination and Sustainable Development), responding to the representative of Sudan, said that the coordination segment of the Council was organized on the basis of the relevant General Assembly resolution which identified the process whereby the Council addressed specific themes in a given year, to be followed up in the subsequent year. There was no provision in the enabling resolution for the Council to address the same issues again and again. That did not mean that there could be no follow-up. The Council would need to adopt decisions and recommendations for follow-up, addressed to its subsidiary bodies or to specialized agencies, programmes or funds.

Miss JANJUA (Pakistan) said that Pakistan was hard hit by malaria and diarrhoeal diseases, which cause high levels of infant mortality and mortality in general. It was therefore a matter of great concern to Pakistan to ensure that United Nations activities in the field were carried out in a coordinated manner and had an effective impact. She agreed that more information should be provided on what vaccines were available; that was especially important for developing countries where malaria and diarrhoeal diseases were prevalent.

There was reference in the report of the Secretary-General to Meetings of Interested Parties, she asked how far those meetings had contributed to coordination at the headquarters and field levels. The representative of FAO had read out a catalogue of projects implemented in the field. However, the whole objective of the current session was to ensure coordination and interlinkage between the agencies involved. As far as future action was concerned, she agreed with the representative of Benin that the Council should continue to consider the issue in subsequent years; it needed to decide whether to do so in the coordination segment or the operational activities segment. The Council might overload the coordination segment if it continued to add on subjects.

Mr. MUSUKA (Observer for Zambia) said that many more people died of malaria in his country than of cholera or AIDS. Coordination was necessary in order to pool the results of research activities on malaria carried out by many talented scientists throughout the world. In that connection, although research on the eradication of the tsetse fly had been going on for years, it was a farmer from neighbouring Zimbabwe who had found an effective means of reducing the number of the pest. Moreover, he understood that the Islamic Republic of Iran had developed chemicals which could help to eradicate or

(Mr. Musuka)

control malaria, and he wondered whether any efforts had been made to utilize all that information for the benefit of the world as a whole.

Dr. HENDERSON (World Health Organisation), replying to the remarks of the representative of Pakistan, said that meetings at the country level had been very important in addressing epidemic situations in countries with acute emergencies. Coordination was improving at the global level. A new Director of the Division of Tropical Disease Control would take office in September, and the WHO Director-General was committed to providing more resources for the malaria effort which would enable WHO to be more active in its own outreach activities to the other organizations. The issue of developing vaccines would take time.

In answer to the representative of Zambia, he noted that the technological aspects of diseases were easy when compared to the daily coordination and investment required for control. While there was a considerable exchange of knowledge, there was no magic formula for eradicating those diseases. Indeed, his organization was now convinced that eradication should be sought only in very special circumstances. Emphasis should rather be on control to minimize morbidity. The only way of dealing with endemic diseases appeared to be through socio-economic development.

Mr. ALTESMAN (United Nations Children's Fund) cautioned against comparing the resources and attention devoted to AIDS with those devoted to malaria and diarrhoeal diseases. Concerning safe drinking water, although some least developed countries had developed extraordinarily high access to it, such access had had minimal impact upon morbidity thus demonstrating the fact that the health impact of safe drinking water needed to be part of a much more complex development process involving a whole range of other measures, including health education.

In response to comments by the representative of Pakistan, he said that the Economic and Social Council was particularly effective in the areas that cut across a range of specific sectoral issues and, hence, a range of agencies. Where the Council had had the least impact was in dealing with issues in the area of overall development policies such as structural adjustment programmes. In that connection, it was not coincidental that cholera had reappeared in Latin America following the implementation of structural adjustment programmes. Such linkages must be established and examined by the Council.

Mr. CAMARA (Food and Agricultural Organization of the United Nations) said that his organization's activities in the field of environmental management were carried out in coordination with WHO, the united Nations Environment Programme and Habitat. Furthermore, FAO incorporated malaria control measures in all its activities in rural areas, where malaria was more prevalent than in urban areas. As far as coordination in the field was concerned, all the organizations must work together, as each country had its own specific problems that must be taken into account.

The meeting rose at 6 p.m.